



New Hampshire Country Music Association

A Non-Profit, All-Volunteer Organization

PO Box 1613, Dover, NH 03821-1613

Phone: 603-817-9277

Website: www.nhcma.com

E-Mail: NHCMA@outlook.com

MEMBERSHIP APPLICATION

Check Membership Type: _____New _____Renewal

_____Individual (\$15): Entitles member to full privileges including one ballot at Annual Elections, discounts when offered, and all mailings will be sent to the listed address.

_____Family (\$20): Primary member has same benefits as an Individual member. Immediate family members living in the same household are entitled to Discounts when offered.

_____Business/Band (\$50): Primary member has same benefits as an Individual member. Business Employees are entitled to discounts when offered.

Note: Memberships expire on April 30 of the **following** year in which your application was approved. Renewals are accepted as early as January 1.

Primary/Individual Name: _____

Business or Band Name (if applicable): _____

Address: _____

City, State and ZIP: _____

Phone (include Area Code): _____ Email: _____

I hereby apply for membership in the NHCMA and agree to abide by its by-laws.

Date _____ Signature _____ Birth Month _____

Send application and check or Money Order
Payable to NHCMA to:

For Office Use Only:

NHCMA
PO Box 1613
Dover, NH 03821-1613

Fee Received _____
Check# _____
Date Approved _____
Card Issued _____

Referred by _____